

**Section 2: Use of Audiovisual Material and Social Media Communication**

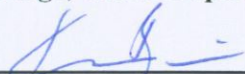
I, Karen Erica Bla-, **understand** Zoom class sessions held during online Cores at Omega Graduate School are recorded and may be used for faculty/staff training purposes.

There may be exciting opportunities to feature video recordings or photographs of you, or your written materials, in social media or other OGS promotional communications. If you are interested in participating, please complete the statement below.

I, Karen Erica Bla-, **authorize** Omega Graduate School to communicate with you using the following social media sources and feature you in OGS media communications. You will be contacted for approval regarding any social media posts. Your initials below indicate your permission.

| Yes                                 | Yes, with Approval | No | Information  | Add appropriate information below |
|-------------------------------------|--------------------|----|--|-----------------------------------|
| <input checked="" type="checkbox"/> |                    |    | Photos for Promotional Materials (Brochures, Website, etc.)                      |                                   |
| <input checked="" type="checkbox"/> |                    |    | Audiovisual Recordings of Zoom Class Sessions for Promotional Materials          |                                   |
| <input checked="" type="checkbox"/> |                    |    | Audiovisual Recordings of Topic Talk Thursday Sessions for Promotional Materials |                                   |
| <input checked="" type="checkbox"/> |                    |    | Audiovisual Recordings of Testimonials for Promotional Materials                 |                                   |
| <input checked="" type="checkbox"/> |                    |    | Written Testimonies for Promotional Material                                     |                                   |
| <input checked="" type="checkbox"/> |                    |    | Instagram Account Name:  |                                   |
| <input checked="" type="checkbox"/> |                    |    | Twitter Account Name:  |                                   |
| <input checked="" type="checkbox"/> |                    |    | Facebook Account Name:   |                                   |
| <input checked="" type="checkbox"/> |                    |    | LinkedIn Account Name:   |                                   |
| <input checked="" type="checkbox"/> |                    |    | Other (list)   |                                   |

**I understand that, should I wish to change this authorization, I must notify the school. I may do so by either requesting another form to complete and return, or in writing with my signature, the effective date of authorization change, and the options I wish to change.**

Signature: 

Date: 08/21/24



## Information Concerning Transferability of Credits

Credits earned at Omega Graduate School may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Omega Graduate School. You should obtain confirmation that Omega Graduate School will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Omega Graduate School to determine if such institutions will accept credits earned at Omega Graduate School prior to executing an enrollment contract or agreement. The ability to transfer credits from Omega Graduate School to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Omega Graduate School if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Omega Graduate School and of any other educational institutions you may in the future want to transfer the credits earned at Omega Graduate School before you execute an enrollment contract or agreement.

Karen Erica Blair  
Print Name

[Signature]  
Signature

08/21/24  
Date



## OMEGA GRADUATE SCHOOL SOLIDARITY OF FAITH

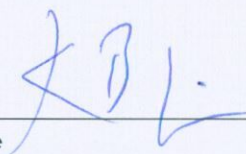
The founders and faculty of Omega Graduate School stand in solidarity with the historic Christian faith as founded in Scripture and embodied in the Apostles' Creed and the Nicene Creed and popularly expressed by the following statements:

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His Ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

I have read the above statement and agree to respect its content.

Karen Erica Blair  
Name (printed)

08/21/24  
Date

  
Signature



**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

**Omega Graduate School** does not release faculty, student, or alumni contact information unless specifically authorized in writing by the individual. Please indicate your preference below. This information will be used to determine whether or not to release the information requested. It is not Omega Graduate School's practice or intent to release faculty, student, or alumni information for solicitation or other marketing purposes. **Note: Your social security number or equivalent registry in your country of origin will not be released except where required by law.**

**Section 1: Personal Information**

I, Karen Erica Blair, **DO NOT authorize** Omega Graduate School to release personal information except as required by law.

OR

I, Karen Erica Blair, **authorize** Omega Graduate School to release the following information. Your initials below indicate your permission. Please print clearly.

| Yes                                 | No                       | Personal Information                                       | Add appropriate information below |
|-------------------------------------|--------------------------|--|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Email Address:   |                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Home Telephone Number:                                     |                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cell Phone Number:   |                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mailing Address:   |                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Educational Enrollment                                     |                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Verification requested by employers or potential employers |                                   |

I authorize the release of the above information to the following individuals or groups associated with Omega Graduate School. Your initials below indicate your permission.

| Yes                                 | No                       | Group                           |
|-------------------------------------|--------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Current Students                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alumni                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Members of the Board of Regents |



# OMEGA GRADUATE SCHOOL PRE-ENROLLMENT CHECKLIST

TO BE PLACED IN STUDENT'S FILE WHEN COMPLETED, SIGNED, AND DATED

Registration date: 08/27/2024

Name Karen Erica Blair SS Number 113-88-0546

Address: 956 Rogers Ave

City, State & Zip Code: Brooklyn NY 11226 Country USA

Telephone number: 646 456 - 8780

Email Address: Million heir property LLC 1@gmail.com

Program name (MLitt, DPhil, DSL or Gracism Certificate) \_\_\_\_\_

Please make a check mark by each section when completed.

- Toured the Institution or Watched Program Orientation Workshop Videos (if courses were online during first term of enrollment);
- Received an institution catalog. If provided electronically, understand that student may request a hard copy of the catalog at any time;
- Had time and opportunity to review institutional policies in catalog;
- Received information on timeframe (academic terms and calendar time for full time/part time) for completion of program of studies;
- Informed of total tuition and fee costs, and policies for cancellation or refund; Have been given a copy of the instruction refund policy (located on second page of Tuition Agreement);
- Informed of estimated costs of materials and supplies;
- Informed of need for laptop/notebook while attending campus residency;
- Submitted health information form;
- Received and signed the Transferability of Credit Disclosure form in compliance with T.C.A. § 49-7-144 and understands the specific limitations should the institution have articulation agreements.
- Given the address and telephone number of Tennessee Higher Education Commission (in institutional catalog). Understands that any person claiming damage or loss as a result of any act or practice by this institution that is a violation of the title 49, Chapter 7, Part 20 or Rule Chapter 1520-01-02 may file a complaint with the Tennessee Higher Education Commission, Division of Postsecondary State Authorization





HEALTH HISTORY  
CONFIDENTIAL INFORMATION  
PLEASE PRINT ALL INFORMATION

NAME: Karen Blair

ADDRESS: 956 Rogers Ave  
Bklyn - NY 11226

Personal Physician: Dr Newsham Samuel

Address: 245 Clarkson Ave  
Brooklyn - NY 11203

Telephone: (718) 245 3325

If no changes, date and initial:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Health/Hospital Insurance Information:**

Company: Metro plus

Subscriber #: Metro plus New York

Group # or Code: \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS

Do you require a special diet? NO If so, please explain on reverse side.

List any known drug or food allergies: penicillin

Blood Type: O+ Blood factor sensitivities? \_\_\_\_\_

Have you been under a physician's care during the past five years for any serious health problems?  
yes If yes, please explain on second page. Foot Injuries

Do you have a disability which affects class attendance and participation (such as vision, hearing, or walking disability)? yes If yes, please explain on second page. right knee Injuries

Check if you have or have had any of the following?

- |                       |                     |                               |
|-----------------------|---------------------|-------------------------------|
| _____ Tuberculosis    | _____ Heart Trouble | _____ Abnormal Blood Pressure |
| _____ Diabetes        | _____ Convulsions   | _____ Epilepsy                |
| _____ Fainting Spells | _____ Paralysis     | _____ Hepatitis C             |

Any communicable disease? NO If so, what? \_\_\_\_\_

List medications, if any, you are currently taking: \_\_\_\_\_

Any special considerations? I need extra time to complete assignments

Explanations continued from front page: (diet or other problems): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY,  
NAME OF CONTACT PERSON

Maryellen Cassanova

(Name and Relationship)

3810 Church Ave Ikevny 11203

(Address)

(646) 707 9241

Home Telephone

( ) \_\_\_\_\_

Mobile Telephone

Signature: [Signature]

Date: 08/21/24